FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
 Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) DevonWay, Inc. 	
Address of Executive Offices (Number and Street, City, State, Zip Code) One Market Street, Spear Street Tower, 35th Floor, San Francisco, California 94105	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above	Telephone Number (Including Area Code)
Brief Description of Business Internet services and client/server systems	PROCESSED
Type of Business Organization Corporation Iimited partnership, already formed business trust limited partnership, to be formed other	JAN 0 7 2008 er (please specify)THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year	FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the security entering and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	ne issuer;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual)	
Robert Felton	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One Market Street, Spear Street Tower, 35th Floor, San Francisco, California 94105	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual)	
Crosslink Ventures V, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Crosslink Capital, Two Embarcadero Center, Suite 2200, San Francisco, CA 94111	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Pull Name (Last name first, if individual)	
Crosslink Crossover Fund V, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Crosslink Capital, Two Embarcadero Center, Suite 2200, San Francisco, CA 94111	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual) Kevin C. Carter	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One Market Street, Spear Street Tower, 35th Floor, San Francisco, California 94105	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual)	
Richard W. Mac Almon	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One Market Street, Spear Street Tower, 35th Floor, San Francisco, California 94105	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One Market Street, Spear Street Tower, 35th Floor, San Francisco, California 94105	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual)	
Steven Johnson	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One Market Street, Spear Street Tower, 35th Floor, San Francisco, California 94105	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	er;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
James Feuilte	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Two Embarcadero Center, Suite 2200, San Francisco, California, 94111	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
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Business or Residence Address (Number and Street, City, State, Zip Code)	
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Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

	,			В.	INFOR	MATION A	ABOUT OI	FFERING				· · · · · · · · · · · · · · · · · · ·
						٠					Yes	No
I. Ha	s the issuer sold,	or does the	issuer intend					ınder ULOE.				
2. WI	hat is the minimu	ım investmer	nt that will be								\$	n/a
											Yes	No
										\boxtimes		
ren per tha	nuneration for so rson or agent of a in five (5) person aler only.	licitation of p broker or de	ourchasers in a aler registered	connection w I with the SE	vith sales of s EC and/or wit	ecurities in th h a state or st	ne offering. I ates, list the	f a person to b name of the b	oe listed is ar roker or deal	associated ler. If more		
Full Nan	ne (Last name fir	rst, if individ	ual)									
NONE	or Degidence A	ddenas Alum	har and Straa	t City State	Zin Coda)				-			
Dusiness	s or Residence A	auress (Num	ber and stree	t, City, State	, Zip Code)							
Name of	Associated Brok	ker or Dealer										
States in	Which Person I	isted Has So	licited or Inte	ends to Solic	it Purchasers		*					
(Chec	k "All States" or	check indivi	iduals States)								□ A	ll States
[AL]] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT	"] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	{VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last name fir	st, if individ	ual)								 	
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)	· · · · · · · · · · · · · · · · · · ·						
Name of	Associated Brol	ker or Dealer	,									· · · · · · · · · · · · · · · · · · ·
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Chec	k "All States" or	check indivi	iduals States)	***************************************							ПА	ll States
[AL]		[AZ]		[CA]		[CT]	[DE]	[DC]	[FL]		[HI]	[ID]
[IL]	•	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT	• •	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	ne (Last name fir											
ruii ivaii	ne (Last name m											
		ddroog (Nium	ber and Stree	t, City, State	, Zip Code)							
Business	or Residence A	natess (Mulli										
	or Residence Ad											
Name of		ker or Dealer		ends to Solic	it Purchasers							
Name of	`Associated Brol	ker or Dealer	licited or Inte								□ A1	Il States .
Name of States in	Associated Brol Which Person L k "All States" or	ker or Dealer	licited or Inte				[DE]	[DC]	[FL]	[GA]	[HI]	Il States .
Name of States in (Chec	"Associated Brol Which Person L k "All States" or [AK]	ker or Dealer isted Has So check indivi	licited or Inte		,							•
Name of States in (Chec	Associated Brok Which Person L k "All States" or [AK]	isted Has So check indivi	licited or Inte duals States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF	PROCEEDS		
l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate	Ame	ount Already
	Type of Security		Aggregate Sering Price	Aut	Sold
	Debt			\$	0
	Equity	\$	5,000,000.00	\$	4,554,250.00
	Common Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	\$	5,000,000.00	\$	4,554,250.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
•			Number Investors	Dol	Aggregate lar Amount Purchase
	Accredited investors		7	\$ <u>4</u>	,554,250.00
	Non-accredited Investors		0	\$.0
	Total (for filings under Rule 504 only)		00	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	The second of th		Type of	Dol	lar Amount
	Type of Offering Rule 505		Security 0	\$	Sold 0
	Regulation A				0
	Rule 504			\$	0
	Total		0	\$	0
1 .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees			\$	30,000.00
	Accounting Fees			\$	0
	Engineering Fees			s	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		\boxtimes	\$	30,000.00
			_ _		

	C. OFFE	RING PRICE, NU	JMBER OF	INVESTORS, EX	PENSES AND	USE OF PE	ROCEEDS	
	b. Enter the difference between the ag total expenses furnished in response to proceeds to the issuer."	ggregate offering p o Part C - Question	rice given in 4.a. This di	response to Part C fference is the "adj	- Question 1 an			\$ <u>4,524,250.00</u>
5.	Indicate below the amount of the adjus the purposes shown. If the amount for left of the estimate. The total of the pa forth in response to Part C - Question	any purpose is not ayments listed mus	known, fumi	sh an estimate and o	heck the box to	the		
						Officers, l	ents to Directors & liates	Payments To Others
	Salaries and fees	······		***************************************	*******	. 🗆 \$	0	□ s <u> </u>
	Purchase of real estate	***************************************		***************************************	•••••	. 🗆 s	0	s 0
	Purchase, rental or leasing and installa	ation of machinery	and equipme	:nt	••••	. 🗆 s	0	\$ 0
	Construction or leasing of plant build	ings and facilities		***************************************		. 🗆 s	0	. so
	Acquisition of other businesses (inclu- used in exchange for the assets or sec-	ding the value of s urities of another is	ecurities invo	olved in this offering t to a merger)	g that may be	. 🗆 s	0	□ s <u> </u>
	Repayment of indebtedness					. 🗆 s	0	□ s <u> </u>
	Working capital			••••		. 🗆 s	0	\$ 4,524,250.00
	Other (specify):					. 🗆 s	0	□ s <u> </u>
	Column Totals					. 🗆 s	0	\$ 4,524,250.00
	Total Payments Listed (column	totals added)				. [S 4,52	24,250.00
-		D	. FEI	DERAL SIGNATI	URE			
und	issuer has duly caused this notice to be sig ertaking by the issuer to furnish the U.S. S edited investor pursuant to paragraph (b)(3	Securities and Excha						
lssu	er (Print or Type)	Signato	re _ O	0-+-		ale 73		
_	onWay, Inc.	The second			.] [ecember 2	, 2007	
	ne of Signer (Print or Type)	Title of	Signer (Prin	it or Type)				

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

END